SUPPLEMENT TO HIV/AIDS SURVEILLANCE (SHAS) PROJECT
LOS ANGELES COUNTY

FINAL ANNUAL REPORT
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Introduction

The Supplement to HIV/AIDS Surveillance (SHAS) Project is a U.S. Centers for Disease Control and Prevention (CDC)-sponsored interview study designed to obtain supplemental descriptive information on persons diagnosed with AIDS. The project was conducted in Los Angeles County and 18 other U.S. sites from 1990 through June 30, 2004. Persons with AIDS who were at least 18 years of age and reported to the Los Angeles AIDS Case Registry were eligible to participate in SHAS.

In Los Angeles County, SHAS was population-based and therefore was designed to represent all persons diagnosed with AIDS in this county. The SHAS study is the only population-based study of risk behaviors among persons diagnosed with AIDS in Los Angeles County. HIV-infected women treated at one large public HIV clinic were also included. Patients were contacted through their providers at all sites that diagnose and report persons with AIDS. Trained interviewers administered a standardized questionnaire to participants within two years of an AIDS diagnosis, either as part of a routine visit to a medical facility or at another mutually agreed-upon time and location. The SHAS questionnaire, developed in consultation with the state/local SHAS project officers, CDC epidemiologists, and subject area consultants, collects information on demographics; sexual behaviors and STD history; drug and alcohol use; reproductive/gynecological history; HIV testing and medical therapy; and health and social services.

SHAS data are used at the state and local levels to inform policy makers and others involved in HIV prevention and care. At the national level, these data are used to enhance HIV/AIDS surveillance information used for planning and allocation of resources. A list of national and local publications on SHAS data is included. This report contains data on the demographic characteristics, sexual and drug-using behaviors, HIV testing history, and health care utilization of Los Angeles SHAS participants who were interviewed from 1990 to June 2004. Some of the SHAS questions were only asked from 1990 to 2004 or 2000 to 2004, requiring presentation of some of the data for different time periods.

Table 1. Demographic and Other Characteristics of SHAS Participants, 1990 – June 2004

Characteristics	Male		Female		All	
	N	%	N	%	N	%
Age (at enrollment)[1]						
< 20	3	<1%	6	1%	9	<1%
20-29	465	15%	134	22%	599	16%
30-39	1360	45%	234	38%	1594	44%
40-49	847	28%	162	26%	1009	28%
50+	349	12%	83	13%	432	12%
Race/Ethnicity						
Latino	1466	47%	542	55%	2008	49%
White	1005	32%	125	13%	1130	27%
African-American	532	17%	290	30%	822	20%
Asian	65	2%	10	1%	75	2%
Others/Unknown	71	2%	11	1%	82	2%
HIV Exposure Category[2]						
MSM	401	59%	-	-	401	47%
IDU	38	6%	16	10%	54	6%
MSM/IDU	146	21%	-	-	146	17%
Heterosexual	3	<1%	114	70%	117	14%
Other/Unknown	95	14%	32	20%	127	15%
Sexual Orientation[3]						
Heterosexual	662	33%	675	95%	1337	50%
Homosexual	952	48%	11	2%	963	36%
Bisexual	317	16%	18	3%	335	12%
Other/refused/don't know	57	3%	4	1%	61	2%
Marital Status						
Single, never married	2083	66%	412	42%	2495	61%
Married	346	11%	180	18%	526	13%
Divorced	266	8%	112	11%	378	9%
Live with partner	250	8%	64	7%	314	8%
Separated	127	4%	74	8%	201	5%
Widowed/Other	67	2%	136	14%	203	5%
Level of Education						
Less than high school	945	30%	546	56%	1491	36%
High school graduate	768	24%	227	23%	995	24%
College	1426	45%	205	21%	1631	40%
Employment Status						
Employed	1016	32%	172	18%	1188	29%
Unemployed	2123	68%	806	82%	2929	71%
Type of Health Care Site						
Public	2461	78%	885	91%	3346	81%
Private	647	21%	81	8%	728	18%
Other/refused to answer	31	1%	12	1%	43	1%
Insurance Coverage						
Yes	2313	74%	729	75%	3042	74%
No	826	26%	249	25%	1075	26%
TOTAL	3139	76%	978	24%	4117	

[1] Does not include 320 HIV-positive women who have not progressed to AIDS. Data missing for 115 males and 39 females.
[2] Includes data from interviews conducted from September 2000 – June 2004.
[3] Includes self-reported sexual orientation from interviews conducted from January 1995 – June 2004.

Table 2. Sexual Behaviors in the Past 12 Months and During Last Sexual Intercourse, 9/2000 – 6/2004.

Males (n=683)		
In the past 12 months	**N**	**%**
Sexual intercourse		
Yes	454	66%
No	227	33%
Missing	2	<1%
Sex with male(s)		
Yes	320	70%
No	134	30%
# male partners		
1 – 4	358	79%
5 – 10	46	10%
Over 10	47	10%
Missing	3	1%
Sex with female(s)		
Yes	151	33%
No	303	67%
# female partners		
1 – 4	134	89%
5 – 10	9	6%
Over 10	4	3%
Missing	4	3%
Sex with males and females		
Yes	20	4%
No	434	96%
During Last Sexual Intercourse		
High on drugs or alcohol		
Yes	63	14%
No	391	86%
Unprotected sex with a male or female		
Yes	139	31%
No	315	69%
Sex with an HIV-positive partner		
Yes	133	29%
No / partner status unknown	312	69%
Missing	9	2%
Females (n=162)		
In the Past 12 Months		
Sexual intercourse		
Yes	102	63%
No	60	37%
Sex with male(s)		
Yes	102	100%
No	0	0%
# male partners		
1 – 4	102	100%
5 – 10	0	0
Over 10	0	0
Sex with female(s)		
Yes	0	0
No	102	100%
During Last Sexual Intercourse		
High on drugs or alcohol		
Yes	11	11%
No	91	89%
Unprotected vaginal or anal sex with a male		
Yes	35	34%
No	67	66%
Sex with an HIV-positive partner		
Yes	36	35%
No / partner status unknown	66	65%

Table 3. Alcohol and Drug Use - Interviews Conducted from 9/2000 – 6/2004.

	Males (n=683)		Females (n=162)	
	N	%	N	%
Used alcohol in past year?				
Yes	644	94%	127	78%
No	39	6%	35	22%
Ever used non-injecting drugs?				
Yes	464	68%	64	40%
No	219	32%	98	60%
Used non-injection drugs in past year?				
Yes	221	48%	22	34%
No	241	52%	42	66%
Refused to answer	2	<1%	0	0%
Non-injection drugs used in past year				
Heroin	13	6%	2	9%
Cocaine	53	24%	6	27%
Crack (smoking)	30	14%	6	27%
Methamphetamines	42	19%	4	18%
Valium or other benzodiazipines	4	2%	3	14%
PCP, LSD, Ketamine, hallucinogens	5	2%	0	0%
Barbiturates, downers	3	1%	3	14%
Marijuana, hashish, or THC	151	68%	13	59%
Nitrites ("poppers", "rush", "hardware")	13	6%	0	0%
Amphetamines/speed (pills)	11	5%	0	0%
Party drugs (ecstasy, GHB, etc.)	15	7%	0	0%
Other/unknown drug	0	0%	1	5%
Used injection drugs (ever)?				
Yes	122	18%	32	20%
No	561	82%	130	80%
Injection drugs used (ever)				
Heroin	56	46%	21	66%
Cocaine	0	0%	0	0%
Heroin and cocaine ("speedball")	21	17%	13	41%
PCP, Ketamine, hallucinogens	3	2%	2	6%
Barbiturates	7	6%	1	3%
Stimulants/amphetamines/meth	72	59%	10	31%
Used injection drugs in past year?				
Yes	29	24%	8	25%
No	93	76%	24	75%
How often injected drugs in past year				
Once a month or less	17	59%	3	38%
Once a week	5	17%	0	0%
Several times a week	2	7%	0	0%
Once a day	2	7%	1	13%
Several times a day	3	10%	4	50%
Share needles in past year? (Someone used needle after participant used it)				
Yes	3	10%	3	38%
No	25	86%	4	50%
Don’t know	1	3%	1	13%

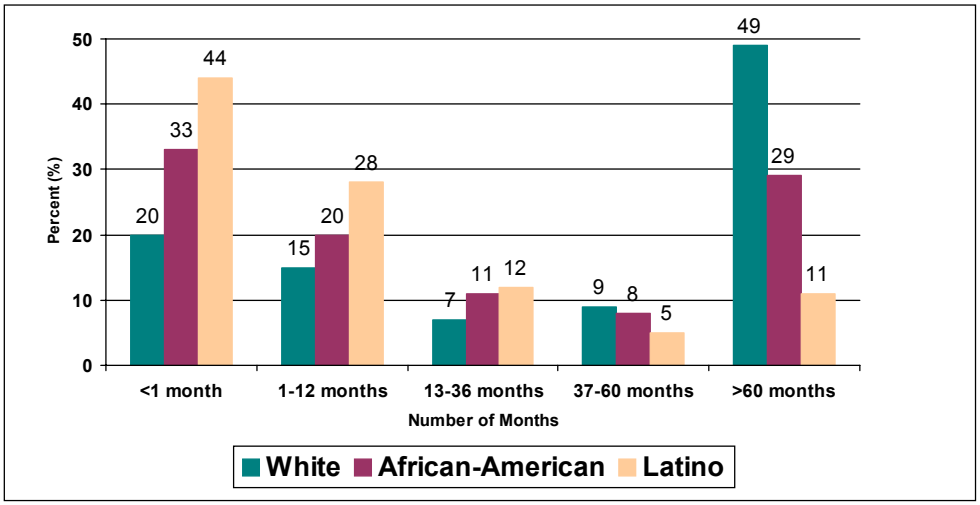
Table 4. Reproductive/Gynecological History among Female SHAS Participants Interviewed 1992 – 2004.

	Females (N=964)	
	N	%
Ever had a pelvic examination?		
Yes	949	98%
No	15	2%
Ever had a Pap smear?		
Yes	917	95%
No	47	5%
Ever had an abnormal Pap smear?		
Yes	341	37%
No	576	63%
Did you receive a follow-up exam for abnormal Pap smear or treatment?		
Yes	309	91%
No	32	9%
Birth control methods used in the past year[1]		
Condom	379	55%
Abstinence	178	26%
Tubal ligation	81	12%
Birth control pills	74	11%
Spermicide (foam or jelly)	61	9%
Depo-provera (injectable hormone)[2]	58	8%
Hysterectomy/post menopausal[2]	23	3%
Did not use any form of birth control in the past year	128	19%
Have you ever been pregnant?		
Yes	875	91%
No	89	9%

[1] Among women who had sex in past year (n=687)
[2] Question asked from 1994 through 2004.

Figure 1.

Time between First Learned of HIV+ Status and AIDS Diagnosis (n=819*), by Race/Ethnicity, SHAS Project, Los Angeles County, 2000-2004



Source: HIV Epidemiology Program, LACDHS

Data as of June, 2004

The figure above shows the number of months between an HIV and an AIDS diagnosis for participants by race/ethnicity for 2000-2004. Forty-four percent of Latinos received their HIV diagnosis within one month of their AIDS diagnosis; 33% of African Americans, and 20% of whites received their HIV diagnosis within one month of their AIDS diagnosis. Forty-nine percent of whites received an AIDS diagnosis greater than 60 months (5 years) after the HIV diagnosis, compared to 29% of African Americans and 11% of Latinos.

* This analysis is limited to the 819 SHAS participants who reported a month and year for their first positive HIV test.

Table 5. Medical Service Information among SHAS Participants Interviewed 1995 – 2004.

	Males (n=2000)		Females (n=710)	
Tested negative before first positive HIV test?				
Yes	650	33%	229	32%
No	1350	67%	481	68%
Main reason tested for HIV				
Illness (pneumonia, weight loss, etc.)	1080	55%	309	45%
In known risk group for HIV infection	266	14%	20	3%
Other[1]	205	10%	60	8%
Sex partner contact	161	8%	128	18%
Patient's curiosity	111	6%	14	2%
Doctor's recommendation	56	3%	20	3%
Offered at clinic	57	3%	135	19%
Blood donor	31	2%	8	1%
Jail or prison screening	17	1%	8	1%
Surgery (pre-op)	16	1%	8	1%
Location of first positive HIV test				
Hospital[2]	620	31%	180	25%
Private physician's office	454	23%	101	14%
HIV counseling and test site	301	15%	117	16%
Other clinic or facility[3]	292	14%	94	13%
Community health clinic	223	11%	41	6%
Correctional facility	55	3%	23	3%
STD clinic	51	3%	23	3%
Prenatal/obstetrics clinic	-	-	86	12%
Family planning clinic	4	<1%	45	6%
Facility type for HIV medical care in past 12 months				
Community clinic, public health clinic, or county clinic	1483	74%	614	86%
Private physician office or private clinic	336	17%	55	8%
Health maintenance organization (HMO)	125	6%	22	3%
VA facility	40	2%	4	1%
Other facility	9	< 1%	8	1%
Did not receive medical care in past 12 months	7	< 1%	7	1%
Number of hospital visits in past 12 months[4]				
0	1076	54%	451	64%
1	579	29%	164	23%
2 – 5	324	16%	91	13%
More than 5	21	1%	4	1%
Missing	1	<1%	0	0%
CD-4 count at most recent measurement (*u*g/dl)				
Less than 200	825	42%	220	32%
200 – 499	572	29%	237	35%
500 – more	138	7%	89	13%
Don't know	429	22%	137	20%
Missing	36	2%	27	4%

[1] Includes insurance examination, military recruitment, amnesty program for immigration/naturalization, and needle stick follow-up.
[2] Does not include emergency room visits.
[3] Includes drug treatment centers, TB clinics, blood banks, military facilities, hospital emergency rooms, and mobile test sites.
[4] Does not include emergency room visits.

Table 6. Healthcare Utilization by Race/ethnicity among SHAS Participants Interviewed 2000 - 2004.

	Latino	White	Afr. Amer.	Other	Asian	Total
	(N=533) %	(N=211) %	(N=251) %	(N=29) %	(N=14) %	(N=1038) %
During the past 12 months, where did you most often go to get medical care for your HIV infection?						
Community clinic, public health clinic, or county clinic	92	50	83	69	57	80
Private	7	38	12	17	21	15
HMO	1	9	2	7	21	3
VA hospital/clinic	1	2	2	3	0	1
No medical care	0	0	0	3	0	<1
ER in hospital	<1	0	0	0	0	<1
Other facility	0	<1	<1	0	0	<1
About how often did you go this facility in the past 12 months?						
Every 3 months or less	16	27	21	21	7	19
Every other month	15	27	15	29	21	18
Monthly	47	34	49	32	64	44
More than once a month	23	11	16	18	7	18
Unknown	<1	0	0	0	0	<1
Have you been admitted to a hospital for your HIV infection in the past 12 months?						
Yes	43	27	33	41	29	37
No	57	73	67	59	71	63
During the past 12 months, how many weeks total have you spend in the hospital due to your HIV infection?[1]						
Less than 1 week	21	33	29	30	50	25
1-2 weeks	37	22	32	10	50	33
3-4 weeks	21	27	24	10	0	22
5-8 weeks	14	13	5	20	0	12
Longer than 8 weeks	7	4	8	30	0	7
Unknown	0	0	2	0	0	<1
Do you currently have health care insurance, including government-sponsored insurance such as Medicaid?						
Yes	62	84	85	83	79	73
No	38	16	15	17	21	27
What kind of health care insurance do you mainly use to pay for health care?						
Government-sponsored	86	52	85	79	64	77
Private/HMO	12	45	13	22	36	21
Other insurance	2	2	2	0	0	2

[1] Question asked September 2000 through June 2004.

Table 7. SHAS Participants' Access to Community Support Groups and Organizations by Service Planning Area (SPA), 9/2000 – 6/2004.

	SPA1 (AV) (N=14) %	SPA2 (SFV) (N=121) %	SPA3 (SGV) (N=68) %	SPA4 (METRO) (N=266) %	SPA5 (WEST) (N=16) %	SPA6 (SOUTH) (N=144) %	SPA7 (EAST) (N=59) %	SPA8 (SB) (N=41) %
Have you needed and accessed these services in your community in the past 12 months?								
HIV case management								
% who needed	57	37	56	48	63	42	53	20
Were able to access	88	89	95	94	100	88	87	75
Mental health counseling								
% who needed	43	31	34	39	56	28	34	15
Were able to access	83	87	91	83	100	78	80	67
Social work services								
% who needed	29	28	49	37	25	33	32	29
Were able to access	75	79	94	81	100	74	95	58
Assistance in finding an MD								
% who needed	21	8	6	18	6	10	19	7
Were able to access	100	80	100	92	100	93	91	67
Home health services								
% who needed	14	5	6	11	25	16	7	7
Were able to access	100	67	100	83	100	70	100	33
Assistance in finding shelter								
% who needed	21	10	25	26	6	22	12	12
Were able to access	67	58	76	79	100	53	71	60
Assistance in finding meals								
% who needed	50	15	22	26	25	19	22	12
Were able to access	100	100	87	87	100	74	100	80
Transportation assistance								
% who needed	57	28	41	38	38	44	27	10
Were able to access	63	88	96	93	83	86	94	75
Assistance in finding dental care								
% who needed	14	20	25	30	38	24	14	10
Were able to access	50	75	47	69	67	63	63	50

Table 8. Antiretroviral Therapy Compliance among SHAS Participants Interviewed 9/2000 – 6/2004

	Males (N=683)		Females (N=162)	
	N	%	N	%
Ever taken antiretroviral medicines (ARVT) for HIV infection				
Yes	650	95%	152	94%
No	31	5%	10	6%
Don't know	2	<1%	0	0%
Currently taking antiretroviral medications for HIV infection				
Yes	611	89%	135	89%
No	72	11%	27	11%
How often taking medication exactly as prescribed in the past month				
Rarely or never	6	1%	0	0%
Sometimes	26	4%	10	7%
Usually	168	28%	30	22%
Always	410	67%	95	70%
Unknown	1	<1%	0	0%
Reason for not taking pills as prescribed				
Often forget them	86	43%	21	53%
Can't fit into daily routine	42	21%	3	8%
Don't like the side effects	22	11%	3	8%
Other reasons	49	25%	10	25%
Have you done anything to help you remember to take your medications?				
Yes	402	66%	91	67%
No	209	34%	44	33%
Things you have done to help you remember to take your medications				
Used a pill box or case	238	59%	42	46%
Take medicines at the same time every day	211	52%	44	48%
Put pills out so you could see them	153	38%	33	36%
Talked with a healthcare provider	35	9%	10	11%
Took a 'drug holiday' from the medication in the past year				
Yes	171	28%	37	27%
No	440	72%	98	73%
Main reason for taking a 'drug holiday'				
My doctor told me to	30	18%	8	22%
Medication has side effects/makes me feel bad	38	22%	7	19%
I just got tired of taking them/I needed a break	19	11%	9	24%
I ran out of medicine	17	10%	2	5%
I couldn't get my medicines due to incarceration	4	2%	1	3%
I was partying (using drugs/alcohol)	19	11%	0	0%
I was someplace where I couldn't get my medications	22	13%	5	14%
Other reasons	22	13%	5	14%
Ever stopped taking HIV/AIDS meds in the past				
Yes	426	54%	107	52%
No	357	46%	99	48%
Reasons for stopping these medicines				
Doctor told you to stop	279	78%	59	77%
Doctor switched you to another drug(s)	277	77%	51	66%
Side effects	227	63%	45	58%
Developed 'drug resistance'	84	23%	14	18%
Drug did not work from the start	16	4%	4	5%
You could not afford the drug(s)	8	2%	6	8%
Doctor ever discussed 'drug resistance' problem with you				
Yes	582	79%	149	81%
No	155	14%	35	19%

National SHAS Peer-Reviewed Publications

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18. Wortley PM, Chu SY, Diaz T. HIV testing patterns: where, why, and when were persons with AIDS tested for HIV? *AIDS.* 1995;9:487-492.

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27. Chu SY, Diaz T. Living situation of women with AIDS [letter]. *JAIDS.* 1993;6:431-432.

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Local SHAS Peer-Reviewed Publications

1. Wohl AR, Johnson DF, Lu S, et al. Recent increase in high-risk sexual behaviors among sexually active men who have sex with men living with AIDS in Los Angeles County. *Journal of Acquired Immune Deficiency Syndromes (JAIDS*) 2004; Feb 1;35(2):209-211.

2. Johnson DF. Sorvillo F, Wohl AR, et al. Frequent failed early HIV detection in a high prevalence area: implications for prevention. *AIDS Patient Care and STDs* 2003; 17(6): 277-282.

3. Sorvillo F, Kerndt P, Odem S, et al. Use of protease inhibitors among persons with AIDS in Los Angeles County. *AIDS Care.* 1999, Vol. 11, No. 2:147-155.

4. Simon PA, Thometz E, Bunch JG, Sorvillo F, Detels R, Kerndt PR. Prevalence of unprotected sex among men with AIDS in Los Angeles County, California, 1995-1997. *AIDS.* 1999;13:987-990.

5. Wohl AR, Lu S, Odem S, Sorvillo F, Pegues CF, Kerndt P. Sociodemographic and behavioral characteristics of African-American women with HIV and AIDS in Los Angeles County, 1990-1997. *JAIDS.* 1998;19:413-420.

6. Sorvillo FJ, Kovacs A, Kerndt P, Stek A, Muderspach L, Sanchez-Keeland L. Risk factors for trichomoniasis among women with HIV infection at a public clinic in Los Angeles County; Implications for HIV prevention. *Am J Trop Med Hyg.* 1998;58:495-500.

7. Sorvillo F, Kerndt P. Trichomonas vaginalis and amplification of HIV-1 transmission. *Lancet.* 1998; 351:213-214. (letter)

8. Sorvillo F, Kerndt P. Odem SL.The use of protease inhibitors among persons with AIDS in Los Angeles County. *JAIDS.* 1997;15:179-81. (letter)

9. Simon P, Bruce R, Kerndt P. Late HIV diagnosis. *West J Med*. 1995;163:83. (letter)

10. Simon P, Sorvillo F, Lapin R. Racial differences in the use of drug therapy for HIV disease. *N Engl J Med.* 1994;331:333-334. (letter)

Manuscripts in Process:

1. Risk behaviors, sociodemographic characteristics and health care utilization for Latina women with HIV and AIDS in Los Angeles County, 2000-2004 (In submission)

2. Comparison of Los Angeles Women's Interagency HIV study (WIHS) to a population-based Los Angeles County cohort of women with AIDS (In submission)

3. Use of complementary and alternative medicine (CAM) among persons with HIV disease—results from a supplemental behavioral surveillance project (In revision)

Presentations/Abstracts*:*

1. Johnson DF, Wohl AR. *Self-reported mental health status and non-adherence to antiretroviral medications among women of color with HIV/AIDS.* Accepted for oral presentation at American Public Health Association Conference, Washington, DC, November 2004.

2. Johnson DF, Wohl AR. *Predictors of non-adherence to HAART among women with HIV/AIDS in Los Angeles County*. Universitywide AIDS Research Program Conference (UARP), Los Angeles, Ca. February 2004.

3. Johnson DF, Wohl AR. *Use of alternative and complementary therapies among persons with AIDS in Los Angeles County: Results from the Supplement to HIV/AIDS Surveillance (SHAS) Project.* American Public Health Association Conference, Philadelphia, Pa. November 2002.

4. Johnson DF, Wohl AR. *Characteristics of heterosexually identified African American men with AIDS in Los Angeles County, 1995 - 2000*. American Public Health Association Conference, Philadelphia, Pa. November 2002.

5. Johnson D. *Factors associated with HIV/AIDS risk and infection among men who have sex with men in Los Angeles County: Results from the Young Men's Survey and the SHAS Project*. Presented at Universitywide AIDS Research Conference, Sacramento, Ca., Feb. 22, 2002 and UCLA Lecture Series, Los Angeles, Ca., Jan. 25, 2002.

6. Johnson D, Wohl A, Lu S, Carruth A, Castillon M, Jimenez J, and Bunch G. *Factors associated with unprotected sex among MSM with AIDS in Los Angeles County, 1996 – 1999.* Poster presentation at CDC Western Regional Meeting, University of Southern California, Los Angeles, Nov. 26-27, 2001.

7. Espinoza L. *Perception of risk among HIV-infected women, Los Angeles County, 1991-1999.* Poster presentation at 2001 National HIV Prevention Conference, Atlanta, Ga., 2001.

8. Espinoza L. *Latinas and HIV/AIDS in Los Angeles County.* Presented at The Wall de Las Memorias, World AIDS Day, Los Angeles, Ca., Dec. 1, 2000.

9. Chen A. *Is the use of HAART among AIDS patients associated with high-risk sexual behavior?* Presented at West Coast Epidemiology Conference, Los Angeles, Ca., 2000.

10. Espinoza L. *Perception of risk among HIV-Infected women, Los Angeles County, 1991-1999.* Presented at the Los Angeles County HIV Prevention Planning Committee Meeting, Los Angeles, Ca., 2000.

11. Sorvillo F, Kerndt P. *Early detection of HIV; Successes and failures*. Presented at the XI International Conference on AIDS, Geneva, 1998.

12. Odem SL, Sorvillo F, Kerndt P. *Use of protease inhibitors among women with AIDS.* Presented at the National Conference on Women and HIV in Los Angeles, 1997.

13. Bruce R, Simon P, Kerndt P. *Late HIV diagnoses among persons reported with AIDS in Los Angeles County.* Presented at the National Conference of Human Retroviruses and Related Infections in Washington, 1995.

14. Simon P, Sorvillo F, Kerndt P. *Socioeconomic differences between native-born and immigrant Latinos with AIDS in Los Angeles County*. Presented at the at the IXth International Conference on AIDS in Berlin, Germany, 1993.

15. Lapin R, Sorvillo F, Kerndt P. An evaluation of apparent disparities in medical care quality among minority AIDS patients in Los Angeles. Presented at the at the IXth International Conference on AIDS in Berlin, Germany, 1993.